

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 604569

FILED  
Feb 12, 2009  
Secretary of State

Entity Name: NORTH RIVER FAMILY HEALTH CENTER, P.A.

## Current Principal Place of Business:

606 4TH AVENUE, WEST  
PALMETTO, FL 342215295 US

## New Principal Place of Business:

606 4TH AVENUE, WEST  
PALMETTO, FL 342215226 US

## Current Mailing Address:

606 4TH AVENUE, WEST  
PALMETTO, FL 342215295 US

## New Mailing Address:

606 4TH AVENUE, WEST  
PALMETTO, FL 342215226 US

FEI Number: 59-1476820

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KRULL, DAVID J M.D.  
606 4TH AVENUE, WEST  
PALMETTO, FL 342215295 US

## Name and Address of New Registered Agent:

KRULL, DAVID J M.D.  
606 4TH AVENUE, WEST  
PALMETTO, FL 342215226 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

02/12/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VST ( ) Delete  
Name: KRULL, DAVID M.D.  
Address: 2206 8TH ST. W  
City-St-Zip: PALMETTO, FL 34221

Title: P ( ) Delete  
Name: RAITZ, RAYMOND M.D.  
Address: 4106 POMPANO LANE  
City-St-Zip: PALMETTO, FL 34221

Title: V ( ) Delete  
Name: BRILES, JAMES A M.D.  
Address: 240 BAYSHORE DRIVE  
City-St-Zip: TERRA CEIA, FL 34250

Title: V ( ) Delete  
Name: LIPSCOMB, KEVIN P M.D.  
Address: 7605 ALHAMBRA DRIVE  
City-St-Zip: BRADENTON, FL 34209

Title: V ( ) Delete  
Name: HEMMER, ANTHONY R M.D.  
Address: 13611 E. 11TH TERRACE  
City-St-Zip: BRADENTON, FL 34212

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PE (X) Change ( ) Addition  
Name: KRULL, DAVID J M.D.  
Address: 2206 8TH ST. W  
City-St-Zip: PALMETTO, FL 34221

Title: P (X) Change ( ) Addition  
Name: RAITZ, RAYMOND L M.D.  
Address: 4106 POMPANO LANE  
City-St-Zip: PALMETTO, FL 34221

Title: VP (X) Change ( ) Addition  
Name: BRILES, JAMES A M.D.  
Address: 240 BAYSHORE DRIVE  
City-St-Zip: TERRA CEIA, FL 34250

Title: S (X) Change ( ) Addition  
Name: LIPSCOMB, KEVIN P M.D.  
Address: 7605 ALHAMBRA DRIVE  
City-St-Zip: BRADENTON, FL 34209

Title: T (X) Change ( ) Addition  
Name: HEMMER, ANTHONY R M.D.  
Address: 13611 E. 11TH TERRACE  
City-St-Zip: BRADENTON, FL 34212

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAYMOND L. RAITZ, M.D.

P

02/12/2009

Electronic Signature of Signing Officer or Director

Date